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INDICATION FORM**

Application Number	10/519,483
Filing Date	30 December, 2004
First Named Inventor	Eli SOFER et al
Title	METHOD & APPARATUS FOR A MULTISENS
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	1887

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number: _____

OR

 Practitioner(s) named below:

Name	Registration Number
EDWARD LANGER	30,564

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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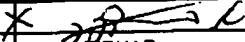
OR

<input checked="" type="checkbox"/> Firm or Individual Name	EDWARD LANGER c/o SHIBOLETH, YISRAELI, ROBERTS, ZISMAN & CO.		
Address	350 Fifth Ave. 60th Floor		
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	X 3/9/05
Name	Amnon TIDHAR	Telephone	+972-3-5366197
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 3 forms are submitted.

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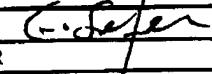
<input checked="" type="checkbox"/>	Firm or Individual Name	EDWARD LANGER c/o SHIBOLETH, YISRAELI, ROBERTS, ZISMAN & CO.	
Address	350 Fifth Ave. 60th Floor		
City	New York	State	NY
Country	U.S.A.		
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SIGNATURE of Applicant or Assignee of Record

Signature		Date	6 December, 2004
Name	Eli SOFER	Telephone	+972-9-9552279
Title and Company			

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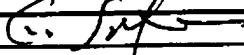
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<input checked="" type="checkbox"/>	Firm or Individual Name	EDWARD LANGER c/o SHIBOLETH, YISRAELI, ROBERTS, ZISMAN & CO.		
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Name	Eli SOFER	Telephone	+972-9-9552279
Title and Company	CEO, I SEE TECH LTD.		

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